,	PATENT	RD	Application or Docket Number D \ 0 65 \ \ 7 \ \ 9											
CLAIMS AS FILED - PART I														
			(Column	1)	(Column 2)			SMALL EN			OR OR		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			0					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 375.00		375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			@ minus 20=		• 0			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS					9			X42=			OR	X84=		
MI	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+140=				- 200		
* If the difference in column 1 is less than zero, enter "0" in column 2						column 2	ı		_		OR	+280=		
CLAIMS AS AMENDED - PART II								TOTA	L		OR	TOTAL	750	
(Column 1) (Column 2) (Column 3)								SMAL	L E	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	est Ser Jusly	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 6	Minus	2	υ	=		X\$ 9=			OR	X\$18=	•	
	Independent							X42=			OR	X84=)	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			оя	+280=		
	165				•		L	TOT			00	TOTAL		
0	12310	(Column 1)	(Column 2) (Column 3)					ADDIT. FE	:		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH NUME	BER	PRESENT EXTRA			1	ADDI-	7		ADDI-	
	_	AFTER AMENDMENT		PREVIO PAID I				RATE		TIONAL FEE		RATE	TIONAL FEE	
	Total	. 6	Minus	** 2	Ø			X\$ 9=			OR	X\$18=		
	Independent				3_	= /		X42=	7		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+140=	1		OR	+280=	1	
								TOTA	_1		OR	TOTAL	+	
(Column 1) (Column 2) (Column 3)									EL		, OA	ADDIT, FEE	+	
AMENDMENT C		(Column 1) CLAIMS		HIGH	EST BEA USLY	(Column 3)	Г		-	ADDI-	1		1001	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I		PRESENT EXTRA		RATE	ŀ	TIONAL FEE		RATE	ADDI- TIONAL	
	Total	•	Minus	-		-	f	X\$ 9=	†		OR	X\$18=	FEE	
	Independent	٠	Minus	444		=	┟	X42=	\dagger					
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							776=	+		OR	X84=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+280=		
**	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL DDIT, FEE		
	The "Highest Nurr	mber Previously Paid	no For (Total or	o SPACE is independe	ness tha	n 3, enter "3." highest number		ODIT, FE nd in the a		opriate box				